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CONFIRMATION NO. 1051

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| SERIAL NUMBER 10/523,892 | FILING OR 371(c) DATE 09/15/2005 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 3433-615 |
| APPLICANTS F. Joseph Obermiller, West Lafayette, IN; Michael C. Hiles, Lafayette, IN; Jason P. Hodde, West Lafayette, IN; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/US03/27695 09/04/2003 which claims benefit of 60/408,914 09/06/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY IN | SHEETS DRAWING 4 | TOTAL CLAIMS 40 |
| INDEPENDENT CLAIMS 4 | | | | |
| ADDRESS 30565 | | | | |
| TITLE Tissue graft prosthesis devices containing juvenile or small diameter submucosa | | | | |
| FILING FEE RECEIVED 2230 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |